

To:
 County
 Departments of
 Community
 Programing
 County Human
 Service
 Departments
 County Social
 Service
 Departments
 County Mental
 Health
 Coordinators
 County/Tribal
 Aging Units
 County Substance
 Abuse
 Coordinators
 County-owned
 Mental Health/
 Substance
 Abuse Clinics
 Tribal Human
 Service
 Facilitators
 HMOs & Managed
 Care Programs

Rate changes for mental health and substance abuse outpatient services in the home or community

This Update describes changes to contracted hourly rates and federal share reimbursement rates for mental health and substance abuse (alcohol and other drug abuse) outpatient services in the home and community services. The information in this Update applies to fee-for-service Medicaid claims.

Contracted hourly rates increase 3.7%, effective July 1, 1999

Effective for dates of service on and after July 1, 1999, the contracted hourly rates increase 3.7% for Medicaid mental health and substance abuse outpatient services in the home and community services.

The contracted hourly rate is the uniform hourly rate determined by the Division of Health Care Financing (DHCF) as required by the Medicaid state plan.

Federal share decreases 0.07%, effective October 1, 1999

Effective for claims processed on and after October 1, 1999, the federal share decreases from 58.85% to 58.78%. Wisconsin Medicaid pays only the federal share when reimbursing these services. This change results in a slight decrease in Medicaid reimbursement.

Updated fee schedule

Attached is an updated Wisconsin Medicaid fee schedule for these services.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For more information, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at www.dhfs.state.wi.us/medicaid.

Wisconsin Medicaid Fee Schedule
Mental Health/Substance Abuse Outpatient
Services in the Home or Community

Effective for dates of service on and after July 1, 1999

Procedure Code (TOS)	Description	Contracted Hourly Rate	Reimbursement (federal share)	
			Processed through 9/30/99	Processed on and after 10/01/99
W7400 (1)	Psychiatric Diagnostic Interview Exam - Home or Community by Psychiatrist	\$134.42	\$79.11	\$79.01
W7401 (9)	Psychiatric Diagnostic Interview Exam - Home or Community by Ph.D.	\$100.82	\$59.33	\$59.26
W7402 (9)	Psychiatric Diagnostic Interview Exam - Home or Community by Master's	\$80.66	\$47.47	\$47.41
W7403 (1)	Individual Psychotherapy/ Substance Abuse Therapy - Home or Community by Psychiatrist	\$134.42	\$79.11	\$79.01
W7404 (9)	Individual Psychotherapy/ Substance Abuse Therapy - Home or Community by Ph.D.	\$100.82	\$59.33	\$59.26
W7405 (9)	Individual Psychotherapy/ Substance Abuse Therapy - Home or Community by Master's	\$80.66	\$47.47	\$47.41
W7406 (1)	Individual Substance Abuse Therapy - Home or Community by AODA Counselor	\$53.75	\$31.63	\$31.59
W7407 (1)	Individual Substance Abuse Therapy - Home or Community by M.D. other than Psychiatrist	\$134.42	\$79.11	\$79.01
W7408 (1)	Group Psychotherapy/ Substance Abuse Therapy - Home or Community by Psychiatrist	\$33.61	\$19.78	\$19.76
W7409 (9)	Group Psychotherapy/ Substance Abuse Therapy - Home or Community by Ph.D.	\$25.19	\$14.82	\$14.81

Procedure Code (TOS)	Description	Contracted Hourly Rate	Reimbursement (federal share)	
			Processed through 9/30/99	Processed on and after 10/01/99
W7410 (9)	Group Psychotherapy/ Substance Abuse Therapy - Home or Community by Master's	\$20.16	\$11.86	\$11.85
W7411 (1)	Group Substance Abuse Therapy - Home or Community by AODA Counselor	\$13.45	\$7.92	\$7.91
W7412 (1)	Group Substance Abuse Therapy - Home or Community by M.D. other than Psychiatrist	\$33.61	\$19.78	\$19.76
W7413 (1)	Pharmacologic Management - Home or Community by M.D./N.P./P.A. (Quantity 1=15 minutes)	\$33.61*	\$19.78	\$19.76
W7414 (9)	Pharmacologic Management - Home or Community by Psychiatric Nurse (Quantity 1=15 minutes)	\$20.17*	\$11.87	\$11.86

* For Pharmacologic Management (W7413 and W7414), this is the rate for 15 minutes.

This is your Wisconsin Medicaid Fee Schedule. Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Effective Date	The effective date of service on or after which the reimbursement rate applies.
Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	An abbreviated description of the procedure code.
Contracted Hourly Rate	The uniform hourly rate determined by the DHCF. For Medication Management (W7413 and W7414), this is the rate for 15 minutes.
Reimbursement (federal share)	The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g. recipient and provider eligibility, billing instructions, frequency of services, third party liability, copayment, age restrictions, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the DHCF by writing to:

Crisis Intervention Policy Analyst
Division of Health Care Financing
PO Box 309
Madison, WI 53701-0309